

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

1062401C

FILING DATE

07-21-03

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
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| 44 | | 1 | | | | |
| 45 | | 1 | | | | |
| 46 | | 1 | | | | |
| 47 | | 1 | | | | |
| 48 | | 1 | | | | |
| 49 | | 1 | | 1 | | |
| 50 | | 1 | | 1 | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

| | IND | | DEP | | IND | | DEP | |
|--------------|-----|-----|-----|-----|-----|-----|-----|-----|
| | IND | DEP | IND | DEP | IND | DEP | IND | DEP |
| 51 | 1 | | | | | | | |
| 52 | 1 | | | | | | | |
| 53 | 1 | | | | | | | |
| 54 | | | 1 | | | | | |
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| 99 | | | 1 | | | | | |
| 100 | | | 1 | | | | | |
| TOTAL IND. | | | 10 | | | | | |
| TOTAL DEP. | | | 13 | | | | 2 | |
| TOTAL CLAIMS | | | 19 | | | | 3 | |